

FOR DEPARTMENT USE ONLY

LICENSE NUMBER:

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

LICENSE FEE: \$10.00

YEAR ENDING:

APPLICATION FOR SPECIAL FUEL USER LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

PLEASE NOTE: A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH DELAWARE SPECIAL FUEL BULK TANK LOCATION. ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

4. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

5. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -

Fax number: -

8. If we have questions regarding this application, who should we contact?

Name: _____

Telephone number: -

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

-
-
-
-

12. Has the applicant ever applied for a Delaware Special Fuel User license in the past?
Yes ☐ No ☐ If yes, please specify what calendar year: _____

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Special Fuel User's license in the past?
Yes ☐ No ☐ N/A ☐ If yes, under what name: _____
Please specify what calendar year: _____

14. Please list the physical address of the Delaware special fuel bulk location for which this license will be applicable:

15. Please list below the size of the tank, number of pump hoses, type of special fuel delivered to the tank, and the supplier name/address that will be delivering special fuel to this tank.

Type of Special Fuel:	Size of Delaware Bulk Tank: _____
Low Sulfur Clear Diesel <input type="checkbox"/>	Number of Pump Hoses: _____
Low Sulfur Dyed Diesel <input type="checkbox"/>	
Propane <input type="checkbox"/>	
Compressed Natural Gas <input type="checkbox"/>	
Other: _____ <input type="checkbox"/>	
Supplier Name:	Supplier Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Will the bulk storage location be used to fuel licensed vehicles only? Yes ☐ No ☐

17. Will the bulk storage location be used to fuel non licensed equipment only? Yes ☐ No ☐

18. Please list the type of non licensed equipment that will be fueling from this bulk storage location.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Will special fuel be sold from this bulk storage location? Yes ☐ No ☐ Note: The Delaware Special Fuel Law does not authorize special fuel to be sold to third parties under a Special Fuel User license.

20. List the number & type of licensed vehicles that will be fueling from this bulk storage tank:

<u>Vehicle Type</u>	<u>Number of Vehicles</u>
Road Tractors	_____
3 Axle Trucks	_____
2 Axle Trucks	_____
Other	_____

21. Estimate the number of gallons of taxable special fuel that will be used by the applicant from this tank during **an average month:**

**Taxable
Special Fuel**

Average Gallons Per Month _____

22. Does this application involve a change in the company's legal name or federal identification number? Yes ☐ No ☐
If yes, list the previous name and number.

Company name _____

Federal employer identification number or social security number: _____

23. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐
If yes, list the following:.

Company name _____

Federal employer identification number or social security number: _____

24. Have all persons responsible for reportable fuel activity read the Motor Fuel & Special Fuel Tax Act (Chap. 51, Title 30, DE. Code)? In addition, have all persons responsible for reportable fuel activity read the Delaware Policy Directive regarding the "Taxation of Low Sulfur Clear Diesel"? Do these persons understand these provisions? Yes ☐ No ☐

25. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes ☐ No ☐
Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application